



Exma. Senhora  
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 Ângelo

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NRef.º 3668/2021\_MJNE-maJNO

Estudo HBA n.º 0550

Correio eletrónico e PMP

Assunto: Inquérito de satisfação da analgesia epidural de trabalho de parto

Exma. Senhora Dr.ª Sofia Almeida Carvalho,

No seguimento da submissão a este Hospital do estudo melhor identificado em epígrafe, no qual V. Exa. participa na qualidade de Investigador Principal, temos o prazer de informar que a Comissão de Ética para a Saúde (CES) do HBA considera asseguradas as questões éticas relacionadas com a realização do estudo, pelo que deliberou a sua aprovação em reunião extraordinária do dia 26 de fevereiro do corrente ano.

Com os nossos melhores cumprimentos,

A Presidente da Comissão de Ética para a Saúde do HBA

Maria João Heitor

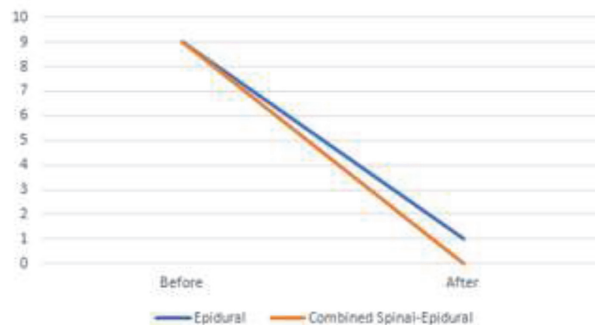
Abstract 115 Figure 1



Abstract 115 Figure 2

epidural (p-value <0,05). No difference was found in terms of requesting neuraxial in a next pregnancy (98.2% after combined spinal-epidural compared with 97.1% after epidural).  
**Conclusions** In our sample, even with higher side effects, namely pruritus, most women had better pain relief and were more satisfied with combined spinal-epidural technique.

Pain relief after neuraxial analgesia



Abstract 115 Figure 3

116 **CEREBROSPINAL FLUID CUTANEOUS FISTULA AFTER UNEVENTFUL COMBINED SPINAL-EPIDURAL FOR CAESAREAN SECTION: A CASE REPORT**

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**Background and Aims** A cerebrospinal fluid (CSF) cutaneous fistula is a rare complication of neuraxial anaesthesia.

There are few cases described in the literature, and there are no specific recommendations for diagnosis and treatment.

Herein we present a case of an asymptomatic cerebrospinal fluid cutaneous fistula following combined spinal-epidural (CSE) for caesarean section.

**Methods** A 35-year-old parturient at 39 weeks and 1 day estimated gestational age underwent combined spinal-epidural for a caesarean section due to breech presentation. There were no complications during the intervention. Epidural catheter was left in situ for 24h postpartum for analgesic purposes and then removed without apparent complication. On day 3 postpartum, clear fluid was noted to be slowly draining from the catheter insertion site. The patient remained asymptomatic, denying any neurological symptoms including headache, nuchal rigidity or fever. The neurosurgery team evaluated the case and diagnosed a cerebrospinal fluid cutaneous fistula. The patient was successfully treated with a suture at the epidural site and conservative measures, and no long-term complications were evident.

**Results** Epidural blood patching has proved to be an effective technique for the management of these fistulas. Nevertheless, patients who are asymptomatic or contraindicated for invasive procedures may be successfully treated with conservative measures, including cutaneous stitching.

**Conclusions** Case reports of CSF-cutaneous fistulas in the literature are sparse.

This case supports suture at the epidural site and conservative measures as an effective treatment for a CSF-cutaneous fistula after CSE anaesthesia.

We aim the importance regarding the surveillance for any complication after neuraxial approach in the obstetric population.